## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form 10 filed Aluring calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			•		Artesia,	New Me	xico	12-12	-62	
	•		4 0.03		(Place)				(Date)	
		•	ING AN ALLO					CE	CE	
	ompany or C		lnc.	(Lease)	, Well	No	, in.	<u> 3E</u>	1/4SE	1/4
• -	Se	•	т17.\$	•	, NMPM	, Corbin	- Abo	•••••••••••	***************************************	Poo
,			County. Dat	e Smudded	10-24-62	Dat	a Drilling C	omnleted	12-5-62	2
	ase indicate			142' DF						
			Top Oil/Gas F	ay 8824		Name of Prod	. Form.	Abo		
D		<b>A</b> (1)	PRODUCING INT	ERVAL -						
· _			Perforations	8824' -	88381			*		
E	F G	H	_	94		Depth	88241	Depth Tubing	8802"	
	Ì					sasting Glice_				
L I	K J	I	OIL WELL TEST	•		,		04		Choke
			,	Test: 240		*. 1		•		
M	N O	P		id or Fracture			and the second second		CL - 1	
*		×	load oil used	i):bi	ols,oil,	bbls	water in	hrs,	min. Size_	
			GAS WELL TEST	-						
600' FS	L & 330'	FEL	- Natural Prod.	Test:	<u> </u>	WCF/Day; Hou	rs flowed	Choke	Size	
ubing ,Ce	sing and Ce	menting Reco	rd Method of Tes	ting (pitot, )	oack pressure	e, etc.):			<del>.</del>	
Size	Feet	Sax	Test After Ac	id or Fracture	Treatment:		MCF	/Day; Hours	flowed	
12 2/0	007	275	L	Method						
13 3/8	297	375	<b>  ====</b>							
8 5/8	3149	775	Acid or Fracti	ure Treatment	(Give amount	s of materia	als used, su	ch as acid,	water, oil,	and
			sand):	Tubing	_ Date f	irst new	<u>a</u>	·		
5 1/2	8924	450	Casing PKF:				E TO SECULIA		٠.	
2 3/8	8802	-	Oil Transport					Compan	<b>y</b>	
200	0002		Gas Transport	erPhilli	ps Petrole	um Compo	any		<del></del>	
emarks:.	•			•••••		*************				
•••••		*******	•	***************************************		,	••••••			<b></b>
		***************************************	***************************************	***************************************			••••••	***************************************		• • • • • • • • • • • • • • • • • • • •
I here	by certify	that the info	ormation given a	above is true	and comple	te to the bes	t of my kno	wledge.		
pproved		•••••	1 7 7 -	, 19	Carper		ompany,		•••••	• • • • • • • • • • • • • • • • • • • •
				ν	<i>*</i>		company or C	perator)	*.	,
0	IL CONSI	RVATION	COMMISSION	N	Ву:	Laudk	Signatur)	ماليد		
	/////	61111			=	c. Vice-			Ť	
	4///	64/4			T 1610		rresident nunications	egarding w	ell to:	
tle				***************************************						
/		9.4					ling Comp		•	
				* *** **	Address	rtesia, N	lew Mexic	0		